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y and County of the City of Exeter.



INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

ANNUAL REPORT

(abridged interim report)

OF THE MEDICAL OFFICER
OF HEALTH
FOR 1944

EXETER :

BESLEY & COPP, LTD., COOMBE STREET,

1945

I have the honour to present to the Right Worshipful the Mayor, Aldermen and Councillors of the City of Exeter, my Annual Report for the year 1944. The Report has been prepared in accordance with the instructions contained in Ministry of Health Circular 49/45, dated 19th March, 1945. It is realised that a report published so late in the following year may lose some of its interest, but the Registrar-General, who like everybody else works under war-time difficulties, was unable to supply the basic statistical figures until July.

The City has again experienced a healthy year. With the exception of *measles*, no infectious disease has become epidemic, and it is a remarkable fact that no deaths were attributed to measles, which is one of the most fatal of the common infections among little children.

Dysentery and *non-specific enteritis* have increased a good deal generally throughout the Country. The possibility of this happening was mentioned in earlier Reports, and was anticipated as a result of the increased handling of foodstuffs, lack of proper wrapping and want of attention to personal hygiene by temporary staff. The mild form of dysentery due to the bacillus Sonne is widespread. The symptoms are often trivial and easily cured, but patients are apt to remain symptomless carriers of the disease for long periods.

The prevention of diphtheria by immunisation of children continues to make good progress. At the time of writing this foreword, 86% of Exeter school children and 66.6% of children aged from twelve months to five years are immunised, not counting children immunised privately by the family doctor. Although children who have been immunised, or alleged to have been immunised, occasionally take diphtheria, Exeter has not so far recorded a death in an immunised child. Parents who neglect taking advantage of this simple and safe means of prevention incur a heavy responsibility.

Of the *general statistics*, the birth rate shows a sharp rise from 15.3 to 19.56, just as it did at the end of the last war. The death rate is about the same, being 13.7, against 13.4 the previous year. It should be noted that this is what used to be called the "recorded" death rate, *i.e.*, the crude death rate corrected for inward and outward transfers. It is not the "corrected" death rate of pre-war years, which enabled accurate comparisons to be made between one area and another. The reason is that the comparability factor is not available, as it is the view of the Registrar-General that "the variety and magnitude of local population movements and the uneven incidence of civilian war deaths have together combined to frustrate the attempt to secure comparability between local death rates by the use of Areal Comparability factors, and the preparation and issue of such factors are being suspended under present conditions." The Tuberculosis Mortality Rate has receded slightly to 0.78.

The incidence of *Venereal Disease* has increased during the war, but not to the extent that was expected. Examination of the figures given in the Report reveals that the majority of persons presenting themselves at the Clinic do so after exposure to risk, and are found not to be suffering from V.D. There has been a general and much needed awakening of the public conscience to the dangers of venereal disease. It is a problem to be faced in the open rather than camouflaged. The official propaganda has been excellent. That remarkable substance, penicillin, has been found useful in the treatment of syphilis, and promises the possibility of a one-day cure in recent gonorrhoea.

The *Maternal Mortality Rate* at 5.8, representing 8 deaths, demands comment. It is higher than we have experienced in Exeter for several years, and reflects war-time social conditions rather than lack of public or private services. Under the Midwives Act, 1936, an Obstetrical Advisory Committee was set up which is still in existence. This Committee considered these case histories in detail. There were three cases of septic abortion. One was self-induced, another was suggestive of interference, and no opinion could be expressed about the third. In another case, it appeared that the woman had at no time sought ante-natal advice. When her time came, she went to relatives in the country, developed eclampsia and died in hospital in another town. Only in three instances was it considered that the actual midwifery was not entirely satisfactory, and only one case of the eight was in any way connected with the public practice of the Local Authority.

It will be noted that it is again permissible to publish the population figures. In the next Report it should be possible to publish the composite statistical tables which have proved so useful in the past.

In the matter of *nutrition*, the only reliable yardstick we possess is the medical inspection of school children. The figures already published in my Report as School Medical Officer show that there is no falling off there. Nor does there appear to be any ground for anxiety regarding the pre-school child and young adults. Older people, small households of adults and the aged have fared less well, but no figures are available.

The Ministry of Food has done a difficult job well. It is obvious from the world food situation that controls will have to be exercised for some time to come, much as they are disliked. The return to whiter bread, made from flour of lower extraction value, is to be regretted. The war loaf of 1942 to 1944 was better in every way. It is felt that a better supply of cheese should be available to the civilian population, and it is to be hoped that the incomparable British cheese industry will be revived at the earliest possible moment. The homely sausage still leaves much to be desired in substance and in flavour. On the other hand, the increasing supplies of good quality fish are welcomed. Finally,

it is to be hoped that an early return to free choice of milkman will be possible.

Is it too much to hope that we have seen the last of "*Double Summer Time*"? Whatever small saving in fuel and power this war-time measure may have made—and this is doubtful—it is certainly inimical to child welfare, besides having other disadvantages.

Two other matters requiring attention are the so-called *problem families* and *mental deficiency*. Since man first lived in civilised communities there must have been families which failed to make and maintain a decent home. The domestic difficulties of war-time and the better standard of living now generally prevailing have both in their way served to accentuate and proclaim the existence of such households. In the Health Department we meet the *problem family* mainly in connection with child welfare, using that term broadly. While the children from these households are usually ill-kempt, dirty, and sometimes verminous so as to be a menace in our schools, there only exist occasionally conditions of grave neglect such as would bring the parents within the law. Then, too, there is the material damage to house property and the degradation of the neighbourhood which these families bring about. There are endless variations on this theme. The problem is a social one rather than a health matter. It seems to me that agencies which supply houses, whether local authorities or public utility companies, will have to try and find the solution. It is not enough to provide and maintain houses, and to collect rents. It is necessary to seek out those who do not know how to make a home, and to teach and encourage them to adopt better standards of living. Moreover, I believe that action on these lines would prove a sound investment in the long run.

Mental Deficiency is not a popular subject nor one about which the average citizen knows very much. There are many more educationally subnormal people in the community than is generally supposed. The majority of these high-grade feeble-minded persons can be, and in fact are, educated in the ordinary schools. They are, as a rule, able to earn a living and often do work of a routine kind very well. A minority show objectionable or vicious traits, get into trouble and require the restraint, training and supervision which the law provides. Besides this type of mental defective, there are many intermediate grades above the level of idiots and imbeciles who require the training that only special residential institutions can provide. Most of these, as well as the lowest grades, require life-long supervision. In these prefatory remarks, I cannot enter into the endless problems which mental deficiency presents. The work is a continual and increasing drain on the time and resources of public authorities, yet it must be dealt with faithfully. My principal object in mentioning mental deficiency is to draw attention to the serious lack of institutional accommodation throughout the

country. In the Royal Western Counties Institution at Starcross, including the Courtenay Residential School for educationally subnormal children, Exeter has at present approximately twice as many persons as places to which the City is entitled. This is a fact which cannot be viewed with complacency. There should be no waiting list in work of this kind.

I desire to record my appreciation of the work of the staff during the past year, and the ready help and sympathy of the Committees associated with the Health Department.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE.

20th July, 1945.

CITY AND COUNTY OF THE CITY OF EXETER.

Public Health Committee.

MAYOR—

R. GLAVE SAUNDERS, Esquire, C.B.E.

CHAIRMAN—

COUNCILLOR W. W. BEER.

DEPUTY CHAIRMAN—

ALDERMAN W. HEALE.

Alderman J. S. S. STEELE-
PERKINS, J.P.

Alderman G. G. DAW.

Councillor W. T. BAKER.

Councillor W. H. C. BISHOP.

Councillor G. C. HEYWOOD.

Councillor B. S. MILLER, J.P.

Councillor Mrs. E. E. POLLARD

Councillor Lady Reed.

Councillor C. REW.

Councillor J. D. SEWARD.

Councillor R. G. SAUNDERS.
C.B.E.

Councillor Mrs. E. E. TINKHAM

Town Clerk—C. J. NEWMAN, Esq., O.B.E.

Maternity and Child Welfare Committee.

CHAIRMAN—

COUNCILLOR MRS. E. E. TINKHAM.

DEPUTY CHAIRMAN—

COUNCILLOR B. L. THOMAS.

Alderman J. S. S. STEELE-
PERKINS, J.P.

Alderman F. H. TARR, J.P.

Councillor G. G. DAW.

Councillor Mrs. GARDNER.

Councillor C. S. MOORES.

Councillor W. W. BEER.

Councillor Mrs. E. E. POLLARD.

*Non-Members of the
Council :*

Mrs. EAGGER.

Mrs. M. COLLINGS.

Mrs. MILLER.

Mrs. PICKARD.

Mrs. SMITH, J.P.

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Medical.

Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency Committee, and Medical Superintendent of the Isolation Hospital and Honeylands Children's Sanatorium.

GEORGE F. B. PAGE, M.D., D.P.H. (Edin.).

Temporary Deputy Medical Officer of Health and Clinical Tuberculosis Officer.

BENJAMIN T. JONES, L.M.S.S.A., D.P.H. (Edin.) (from 12/8/43).

Senior Assistant Medical Officer of Health and Assistant School Medical Officer.

JESSIE SMITH, M.B., Ch.B., D.P.H. (Leeds).

Assistant Medical Officer of Health and Assistant School Medical Officer.

IRIS V. T. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P.

Venereal Disease Medical Officer (part-time).

T. M. PREECE, M.A., M.B., B.Chir. (Camb.), M.R.C.S., L.R.C.P.

Medical Officer Ante-Natal Clinic (part-time).

BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

Dental Surgeon.

*G. V. SMALLWOOD, L.D.S. (Eng.).

Assistant Dental Surgeon.

*H. V. WEBSTER, L.D.S. (Eng.) Temporary.

*Duties mainly in connection with the Education Committee.

District Medical Officers under the Public Assistance Committee.
(part-time).

No. 1 District. J. N. WATSON, M.B., Ch.B. (Glas.).

No. 3 District. J. B. TRACEY, M.B. B.Chir., (Camb.).

Nos. 2 and 4 Districts. J. C. HEAL, M.B., Ch.B. (Liverp.),
M.R.C.S., L.R.C.P.

Public Vaccinator (part-time).

S. J. P. GRAY, M.A., M.B., B.Chir. (Camb.), F.R.C.S. (Ed.).

(b) Others.

*Chief Sanitary Inspector and Officer under the Food and Drugs
Adulteration Act, etc.*

ARTHUR E. BONHAM, M.B.E.

Deputy Sanitary Inspector.

A. E. TROUNSON.

Assistant Sanitary Inspectors.

T. COATES.

A. C. LEWIS.

J. H. RICHARDS (left 31/10/44).

E. E. POTTER (appointed 1/11/44).

Public Analyst.

T. TICKLE, B.Sc., F.I.C.

Vaccination Officer.

E. S. HOWELLS.

Superintendent Health Visitor.

MISS C. A. KNUCKEY.

Health Visitors.

MISS B. M. KNUCKEY.

MISS M. M. FOY.

MISS D. HICKSON.

MISS A. H. EDDS.

MISS F. L. GRAY (left 30/11/44).

MISS F. L. GIBBONS (appointed 17/1/45).

MRS. F. M. HOCKING. } Temporary.

MISS M. E. BLACK }

Tuberculosis Dispensary Nurse.

MISS E. K. SHEPPARD.

Matron of Isolation Hospital.

MISS G. HENSON.

Matron of Honeylands Tuberculosis Children's Sanatorium.

MISS F. JONES.

Clerks.

E. S. HOWELLS (Chief Clerk).

C. A. MERRICK (Senior Assistant Clerk).

H. TUCKER.

J. BUSSELL.

E. H. J. WILSON (appointed 28/8/44).

H. J. SYDENHAM.

A. H. WEST.

W. J. STAMP.

MISS M. M. MILTON.

*MRS. D. WILSON (left 27/9/44) (Civil Defence).

MISS G. KEATING.

*MISS M. BUCK (left 27/11/44).

MISS J. BENNION (appointed 27/11/44)

MISS B. YELLAND (appointed 11/9/44).)

} Temporary.

MISS L. CHANNING

MISS J. CHAPPLE.

MRS. D. MARSDEN (Temporary)

{ Maternity and
Child Welfare
Department.

* Transferred to School Medical Department.

The following Officers are on Active Service :—*Deputy Medical Officer of Health and Clinical Tuberculosis Officer.*—ROBERT P. BOYD, M.B., Ch.B., D.P.H. (Glas.), F.R.F.P.S.G.*Assistant Dental Surgeon.*—C. A. REYNOLDS, L.D.S. (Eng.).*District Medical Officers under the Social Welfare Committee (part-time) :—*No. 1 District. C. W. MARSHALL, M.D. (Lond.),
M.R.C.S., L.R.C.P.No. 2 District. G. S. STEELE-PERKINS, B.A., M.B.,
B.Chir. (Camb.).No. 3 District. J. R. BRADSHAW, M.A., M.B., B.Ch.,
B.A.O. (Dub.).*Assistant Sanitary Inspector.*—H. R. AMBROSE.*Clerks.*

E. W. H. ELLCOME.

R. W. STILES.

R. J. BARKER (Tuberculosis Clerk).

S. SNELL.

C. G. SEAMARK.

I. ALFORD.

Vital Statistics.

Area (acres)	9,127.025
Population (civilian)	68,180
Birth Rate	19.56
Death Rate	13.7
Maternal Mortality Rate (sepsis 2.2, other 3.6)	5.8
Tuberculosis Mortality Rate	0.78
(pulmonary 0.68, non-pulmonary 0.1)	
Death-rate of Infants under one year of age :—	
All infants per 1,000 live births	44.2
Legitimate infants per 1,000 legitimate live births	43.6
Illegitimate infants per 1,000 illegitimate live births	50.0
Deaths from Measles (all ages)	nil.
,, ,, Whooping Cough (all ages)	3
,, ,, Diarrhoea (under 2 years of age)	11

INFANTILE MORTALITY.

The Infantile Mortality Rates for the year ended 1944 were as follows :

England and Wales	46
126 Great Towns, including London (census populations exceeding 50,000)	52
148 Smaller Towns (census populations 25,000— 50,000)	44
London	61
Exeter	44.2

The following table shows the Infantile Mortality Rate in Exeter for the past ten years.

Year.	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
England and Wales	57	59	58	53	50	55	59	49	49	46
Exeter	33.6	62.3	56.1	56.4	42.1	38.7	68.04	49.8	48.5	44.2

There were 59 infant deaths, 32 of which occurred during the first twenty-eight days following birth.

HOSPITALS, CLINICS AND TREATMENT CENTRES.

Up to the out-break of War there was no change. Thereafter the principal hospitals became part of the Emergency Medical Scheme of the Ministry. See also M. & C. W. Section.

AMBULANCE FACILITIES.

(a) For infectious diseases :—

Two motor ambulances.	}	Provided by the Council.
One utility motor van for discharging cases.		

(b) For non-infectious cases and accidents :—

One motor ambulance provided by the Police and four motor ambulances provided by St. John Ambulance Association. The Council contributes £100 per annum towards the latter. The provision is adequate for the ordinary needs of the City and surrounding district.

Civil Defence ambulance provision is not included.

BLIND PERSONS ACT, 1920.

Number on Register 1st January, 1944	.....	192
Since added	.....	14
Died, transferred, removed, etc.	.....	16
Number on Register, 31st December, 1944	.....	190
Nine of those certified were over 50 years of age.		

Evacuation. At the end of the year there were 26 evacuated blind persons residing in the City. This figure relates to registered blind and does not include unregistered persons or dependents.

LABORATORY WORK.

All pathological and bacteriological work is carried out at the Laboratory of the Royal Devon and Exeter Hospital, under the direction of Dr. W. A. Robb, with the exception of those examinations which are made at the Tuberculosis Dispensary. The usual routine examinations are carried out free, but swabs from diphtheria contacts are only undertaken without charge if the Medical Officer of Health has been first consulted.

Examinations made :—

For diphtheria :—

(a) Primary investigations, including contacts	.....	848
(b) Others	.....	1008
For streptococci	.....	30

For Enteric Fever, including Dysentery :—

Widal	.....	14
Blood Culture	.....	7
Faeces culture	.....	381
Urine culture	.....	43

FOR V.D. DEPARTMENT :—

For detection of spirochetes	.....	8
For detection of gonococci	.....	688
For detection of H. Ducreyi	.....	1
For Wasserman reaction	.....	817
Others	.....	66

For T.B., excluding examinations at Tuberculosis Dispensary,
q.v. :—

Sputum	.....	41
Others	.....	4

Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	19
Others	.....	24

WATER SUPPLY.

Ministry of Health Circular 49/45, dated 19th March, 1945, requires the Medical Officer of Health to give certain information regarding this matter.

The City water supply is derived from the river Exe. After purification and chlorination it is distributed to the whole of the City, with the exception of certain houses mentioned in the paragraph (wells) below, from service reservoirs. The supply is constant, the quantity adequate and the standard of purity satisfactory. The Waterworks, which are under the direction of the City Engineer and Surveyor, were described in detail in the Annual Report for 1938. Frequent bacteriological tests are made by a qualified member of the Surveyor's staff, and

periodical chemical and bacteriological analyses are made by the Public Analyst, both of the filtered and of the raw water. No plumbo-solvent action has been reported.

Altogether 24 bacteriological tests of the treated water taken in various parts of the City were made by a qualified member of the City Engineer and Surveyor's staff during the year. Five additional tests were made by the Public Analyst. All these were satisfactory.

In addition, the Public Analyst carries out chemical analyses of the raw water at approximately quarterly intervals. One chemical analysis of the treated water was also carried out during 1944.

The exact composition of the raw river water naturally varies somewhat according to the rainfall and the part of the catchment area where the fall is heaviest. The most recent analysis was made on 3rd January, 1945, giving the following results :—

*Report of Analysis of raw water from Pre-treatment House
at Pynes Waterworks, Exeter, taken 3rd January, 1945,
at 9.30 a.m.*

Character.

Colour	.....	.....	slight green tint.
Turbidity	.....	.....	clear.
Taste	.....	.....	natural.
Odour	.....	.....	none.
Suspended matters	.....		trace of organic detritus, diatoms and infusorias.

Bacteria.

Bacillus coli	.....	absent from 0.05 cms. ; present in 0.10 cms.
Streptococcus	.....	absent from 20.0 cms. ; present in 40.0 cms.
Colonies visible at the end of 72 hours on beef-peptone-agar at 22 deg. C.	.....	4,500.
Colonies visible at the end of 48 hours on beef-peptone-agar at 37 deg. C.	.....

Chemical Analysis—parts per hundred thousand.

Chlorine present as chlorides	.....	.....	1.3
Nitrogen present as nitrates	.....	.....	0
Nitrogen present as nitrates	.....	.....	0.17
Phosphates	.....	.....	0
Total hardness equivalent to calcium carbonate	.....	.....	6.1
Temporary hardness (annulled by boiling)	.....	.....	3.7
Permanent hardness (not altered by boiling)	.....	.....	2.4
Saline ammonia	.....	.....	0.0172
Albuminoid ammonia	.....	.....	0.0054
Oxygen absorbed in 4 hours at 27 deg. C.	.....	.....	0.04
Lead	.....	.....	0
Copper	.....	.....	0
Zinc	.....	.....	0
Iron	.....	.....	0
Total solid constituents	.....	.....	11.0
Organic matter observed on igniting solids	.....	.....	trace
Hydrogen ion concentration equivalent to pH	.....	.....	7.3

A recent examination of the free ammonia content of the river water at various points between Tiverton and the intake shows that this is closely related to the washings from cultivated land in the lower part of the river's course.

The treated water invariably shows absence of coliform bacilli in 100 c.c. at all points in the distribution.

Standpipes. The number of houses in the City which receive a common supply of water for domestic purposes from standpipes is 108, the supply being provided by 37 standpipes.

Wells. The number of houses with domestic water supply from wells only is 76, the number of wells being 45. In addition, 25 houses are supplied by the City mains and wells, and there are 17 wells used for trade purposes. (See also Report for 1943, page 12.)

HOUSING.

*(a) Statistics.*1. *Inspection of Dwelling-houses during the year :—*

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	.....	.....	.....	.....	130
	(b)	Number of inspections made for the purpose	.....	.....	.....	.....	141
(2)	(a)	Number of dwelling-houses (included under sub-head (1) of above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	.....	.....	.....	.....	1
	(b)	Number of inspections made for the purpose	.....	.....	.....	.....	1

(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	125
2.	<i>Remedy of defects during the year without Service of Formal Notices :—</i>	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	109
3.	<i>Action under Statutory Powers during the year :—</i>	
(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs.....	6
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners	2
(b)	By local authority in default of owners	1
(b)	Proceedings under Public Health Acts :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	12
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	By owners	1
(b)	By local authority in default of owners	10
(c)	Proceedings under sections 11 and 13 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	—
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	—
(d)	Proceedings under Section 12 of the Housing Act, 1936 :—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2)	Number of separate tenements or underground rooms of which Closing Orders were determined the tenement or room having been rendered fit	—

4. *Housing Act, 1936. Part IV. Overcrowding :—*

(a)	(1) No. of dwellings overcrowded at end of year	.....	23
	(2) No. of families dwelling therein	.....	33
	(3) No. of persons dwelling therein	.....	143
(b)	No. of new cases of overcrowding reported during the year	.....	27
(c)	(1) No. of cases of overcrowding relieved during the year	.....	13
	(2) No. of persons concerned in such cases	.....	69
(d)	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	.....	—

ERADICATION OF BED BUGS.

1.	(a) No. of Council Houses found to be infested	.....	28
	No. of Council Houses dis-infested	.....	28
	(b) No. of other houses found to be infested	.....	51
	No. of other houses dis-infested	.....	51

2. *Methods Employed.*

Where possession can be obtained, the whole of the interior is fumigated (after easing skirting boards, picture rails, and in some instances floor boards) with flowers of sulphur, to which cayenne pepper is added in the proportion of 1 oz. of cayenne pepper to 10 lbs. of flowers of sulphur—the same being evenly mixed before ignition. The dose is repeated after the expiration of seven days.

Where fumigation cannot be carried out, the treatment is spraying with Solution “D,” obtained from Messrs. R. Sumner & Co., Liverpool.

3. *The methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council Houses.*

In all cases where vermin is proved to exist, articles that cannot be treated with steam are carefully sprayed with solution as described under (2) above and are removed from the premises; while bedding, clothing, etc., is removed to the steam disinfectant and afterwards returned to the new premises.

4. The work of disinfection is carried out by the Local Authority free of cost.

5. In cases where it is found necessary to disinfect furniture, etc., before the removal of families from unfit houses to Council houses, the latter are visited by a Sanitary Inspector who makes tactful enquiries to ascertain if the measures taken were successful. Up to the present, their visits have been appreciated by the tenants.

Note.—Through the courtesy of the manufacturers, it has been possible to experiment with some of the new Insecticides. These are very promising, and it is hoped that they will soon be available to the public.

STEPS TAKEN TO COMBAT INFESTATION.

MINISTRY OF HEALTH CIRCULAR 49/45, PARAGRAPH 2.

As the Health Visitors are also School Nurses, the control of dirty heads is simplified. As a general rule, parents carry out necessary cleansing themselves, with such advice as the nurse thinks necessary, but in recalcitrant and difficult cases cleansing is carried out at the Public Health Committee's cleansing station.

Before the war, the number of school children found to have dirty heads averaged about 10 per cent., and the number of pre-school children found to be unsatisfactory was very much less. The figure for elementary school children for 1944 was 16.2 per cent., being an improvement on the previous two years. An accurate figure for pre-school children cannot be given, but there is no doubt that they do receive more attention from parents than their older brothers and sisters. Dirty heads at the nurseries are not very common, and, in any case, the cleanliness of entrants is open to control.

In the matter of scabies, 229 families comprising 538 cases were dealt with. Three adult males made use of the Cleansing Station.

It is observed that the Scabies Order, 1941, applies to other verminous conditions. Although it has not been necessary to resort to legal action, the power has proved a useful one, particularly in securing examination of adult members of families.

DAIRIES, COWSHEDS AND MILKSHOPS.

There are on the register 73 Dairies, Milkshops and Milk-stores (where cattle are not kept) for the sale of milk by retail. This is the same as last year.

For the production of milk for wholesale and/or retail there are 41 Dairies where cattle are kept.

The Rationalisation of Milk Deliveries Scheme which, as a war-time measure came into operation on 28th March, 1943, is now operating fairly satisfactorily.

There are 2 collecting stations and 39 retail producers functioning in the City, and of the latter 17 occupy farms situated in the County. The 2 collecting stations receive milk from approximately 217 dairy farms, and in addition one of them receives a considerable quantity from another station situated in the County.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Licences for graded milks were issued as follows :—

Tuberculin Tested :

Production only	.....	1
Combined Production and Bottling	.....	1
Dealers and Supplementary	.....	69
Bottling only	.....	1

Accredited :

Production only	.....	6
Combined Production and Bottling	.....	1
Dealers	.....	2
Bottling only	1

Pasteurising Establishments :

1 H.T.S.T. type and 1 Holder type	2
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SAMPLES EXAMINED.

<i>Designation.</i>	<i>No. not Satisfactory.</i>	<i>No. within the Standard of Cleanliness.</i>	<i>Total.</i>
Tuberculin Tested	6	27	33
T.T. Pasteurised	—	—	—
Accredited	11	17	28
Pasteurised :—			
Holder Type	6	5	11
H.T.S.T. Process	2	7	9

Of the TUBERCULIN TESTED samples from producers in the City, 10 passed the bacteriological test and 2 failed. Those from producers outside the City resulted in 16 passes and 3 failures. Samples (2) of mixed Tuberculin Tested milk from various farms, taken at a licensed bottling depot, resulted in 1 pass and 1 failure.

The samples of ACCREDITED were from producers within the City. Failures (11) were followed up in an endeavour to ascertain the faults and to suggest remedies.

With regard to PASTEURISED milk there is a definite improvement upon results obtained in 1943, and this coupled with the fact that *all* samples were within the limits required by the Phosphatase Test is satisfactory. The chief difficulty is the labour position.

The number of samples of milk examined for TUBERCULOSIS AND CLEANLINESS was 37. All were negative—after animal experiment—to tuberculosis, and the cleanliness test showed that from producers in the City, 9 samples passed and 7 failed, while those from County producers gave 17 passes and 4 failures. Results of samples from the County area were communicated to the appropriate Local Authority.

NATIONAL MILK TESTING AND ADVISORY SCHEME.

The Milk Improvement Committee of the Devon County Council continued its endeavours to improve the conditions under which milk is produced, transported and marketed so as to reduce wastage from souring.

To help in this work the number of samples of ordinary milk taken in Exeter and sent to Seale-Hayne College was 769, being 719 from producers in the County and 50 from producer-retailers in the City, against 361, 349 and 12 in 1943.

Apart from the time spent by Sanitary Inspectors in taking these samples the cost of their examination does not fall upon the City but is borne by the Ministry of Agriculture under the National Milk Advisory Scheme.

PUBLIC ABATTOIR AND MEAT INSPECTION.

The number of animals slaughtered at the Abattoir is higher than any of the present war years, being 55,915 against the previous highest—1943—when it was 55,314.

The percentage of cattle found after slaughter to be affected with tuberculosis to a greater or lesser extent was 14.1, being higher than in 1943, when it was 8.91. The higher percentage amongst cattle may be explained by the fact that the Ministry of Food, by raising the deadweight price per pound for unthrifty cattle, encouraged dealers and others to bring more such animals to the slaughtering centre instead of disposing of them in other ways. This arrangement also furthers the Government scheme for the culling of reject cattle to improve the National Livestock Standards.

The districts supplied from the abattoir under the zoning arrangements of the Ministry of Food are :—

City of Exeter.	Ottery St. Mary.
Exmouth.	Chagford.
Sidmouth.	Dawlish.
Crediton.	Budleigh Salterton.
St. Thomas R.D.C.	

CONDEMNATION OF FOOD STUFFS.

Although over 148 tons of food were condemned as unfit for human consumption, it must not be assumed that all was a total loss. Probably as much as 90 per cent. of condemned meat is processed and made into tallow, soap, glue, gelatine, industrial glycerine, bone meal, meat meal and fertilizers, while other foods such as cereals are used for animal food with or without processing, so that only a few tons per year are now actually destroyed.

Table showing Carcases inspected and those condemned at the Public Abattoir, during 1944.

	Beasts	Calves.	Sheep and Lambs.	Pigs.
Number killed (including animals (emergencies) slaughtered before admission)	8425	7603	39282	605
Number inspected	8425	7603	39282	605
All Diseases except Tuberculosis :—				
Whole carcases condemned	47	19	196	19
Carcases of which some part or organ was condemned	1419	105	1362	146
Percentage of number inspected affected with disease other than Tuberculosis	17.4	1.6	3.97	27.3
Tuberculosis only :—				
Whole carcases condemned	172	5	—	3
Carcases of which some part or organ was condemned	1018	3	—	60
Percentage of the number inspected affected with Tuberculosis	14.1	0.1	—	10.4

WEIGHT OF MEAT AND OTHER FOODS SEIZED OR SURRENDERED DURING 1944.

Description.	Tons.	Cwts.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis	45	17	3	14
Parts of carcasses and offals, on account of Localised Tuberculosis	28	7	2	24
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis	17	15	1	8
Parts of carcasses and offals, etc., on account of Local affections other than Tuberculosis	20	11	1	21
Imported Meat and offals	1	8	3	16
Other Foods, including fish	34	4	—	13
Total weight of Meat and other Foods seized or surrendered during 1944	148	5	1	12

FOOD AND DRUGS ACT, 1938.

There were 7 formal and 203 informal samples submitted to the Public Analyst.

Included in these figures were 5 formal and 135 informal samples of milk, and amongst the miscellaneous articles were samples of sausages, black and white puddings, meat paste, spice, vinegar, flavouring essences, coffee, cocoa, pudding mixtures and edible gelatine.

The average percentage of milk fat and non-fatty solids in the milk samples (excluding those which were deficient or adulterated) was 3.62% milk fat and 8.92% non-fatty solids, which is well above the minimum standards of 3% fat and 8.5% non-fatty solids.

The major part of the milk samples were taken upon their arrival at the two City collecting stations, the place of production and delivery being at farms situate mostly in the area of the Devon County Authority. Informal samples of consignments from seven such farms were certified to be deficient or adulterated as follows :—

- (1) Contained 7% added water.
- (2) 17% deficient in fat.
- (3) Contained 16% added water.

- (4) Contained 4% added water.
- (5) 3 samples contained 4%, 2% and 1% added water respectively.
- (6) 8% deficient in fat.
- (7) 3 samples contained 7%, 6% and 5% added water respectively.

The follow-up samples taken by the Devon County Officers resulted as follows :—

- (1) Sample contained 6% added water. Producer cautioned.
- (2) Sample genuine.
- (3) Sample contained 5% added water. Farmer fined £3 plus 10s. 6d. analyst fee.
- (4) Farmer fined £2 10s. 0d. on each of 4 summonses, plus £4 4s. 0d. costs for supplying milk with added water.
- (5) Samples taken in course of delivery and appeal to cows indicated that the cows (Friesian Herd) were giving milk slightly below the minimum standard as regards non-fatty solids.
- (6) Sample genuine.
- (7) Farmer fined £5 plus 12s. 8d. costs on each of 3 cases of adulteration of milk.

An informal sample of milk supplied to a Collection Station from a local farm was certified 7% deficient in fat, but 2 samples taken subsequently were found to be satisfactory.

Samples taken from occupiers of the Collecting Stations were genuine, as were those taken from local retailers except in two cases :—

- (1) A small sample of milk submitted by a customer was certified 40% deficient in fat. The sample, however, may not have been a fair average of the milk supplied by the retailer, and a formal sample taken subsequently from him was found to be satisfactory.
- (2) Two samples taken from one producer-retailer were not genuine. One was certified 51% deficient in fat and a conviction with penalty of £5 was secured. The other sample was from a liquid resembling milk, but the vendor disclosed that it was milk and water, declaring that it was churn washings. The sample contained 39% added water and the portion which was milk was 45% deficient in fat. The vendor was prosecuted for abstracting fat and adding water to milk, but the magistrates accepted the plea that the liquid was not intended for sale.

Except in the cases of 3 samples all the miscellaneous articles were genuine. One informal sample of edible gelatine contained 19 parts per million of lead, but a subsequent formal sample was certified genuine. Two samples of pudding mixture had undergone spoilage through age, being infested with meal mites.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

Experience of infectious disease in 1944 was again favourable. Notifications of diphtheria and scarlet fever were fewer than in 1943, which was a year of low incidence.

Of the 70 (corrected and confirmed) notifications of *diphtheria*, 18 were over the age of 16 and 52 below that age. No less than 41 of the 70, 10 adults and 31 children, came from addresses in the eastern section of the City, which is easily the least well immunised part. The residents in Burnt House Lane and St. Loye's would do well to ponder this fact.

Dr. I. Ward has continued the immunisation campaign with great energy. A weekly clinic is provided in the centre of the City and fortnightly clinics on the two principal housing estates. Children that have reached their first birthday may be brought to any of these centres, whichever is convenient, no matter where they live. Times and days are frequently advertised. The service is free and no appointments need be made.

Diphtheria occurred in 15 persons who had at some time or another completed a course of immunisation. None of these cases proved fatal. Both the fatal cases recorded occurred in un-immunised children.

At the end of the year the number of children immunised was :

* Aged under 5 2,708 = 54.2%

Aged 5—15 7,973 = 84.8%

As immunisation is not performed in the case of infants under twelve months old, the percentage of 1 to 5-year olds immunised is, actually, 67.9%. These figures take no credit for children immunised privately, as the number of these cannot be ascertained with reasonable accuracy.

There were no fatal cases of *scarlet fever*.

Enteric Fever. Notifications comprised two cases of typhoid fever and four of paratyphoid fever B. One of the typhoid patients contracted the disease from a known carrier (type 91), the other was type C and proved fatal. It is not known where the infection was contracted.

Two of the paratyphoid patients are known to have contracted the infection outside the City, the origin of the other two is unknown.

* Owing to an oversight, the estimated child population was given in the Report for 1943 instead of the numbers immunised at the end of the year. The percentage immunised as stated in that Report was, however, correct.

The numbers immunised in 1943 should have read :—

Aged under 5 2,506 = 52.1%

Aged 5—15 7,916 = 84.0%

Dysentery, both specific and unlabelled, has increased throughout the country during the war, probably due to various factors, such as the increased handling of food much of which is unwrapped or not satisfactorily wrapped, a lowered standard of personal and general hygiene, and a greater mixing of populations. Some, at least, could be prevented by insistence upon a higher standard of personal cleanliness among food handlers, particularly washing the hands thoroughly after using the water closet.

A recent article in a medical journal suggested that cracked cups and domestic crockery were capable of conveying various sorts of infection. This may be true to a limited extent, but requires practical proof.

The Health Department sends out periodical notices to all hotels, restaurants, shops, etc., concerned with the handling of food enclosing a card printed by the Central Council for Health Education for posting in lavatories.

Exeter experienced a slight fall in dysentery notifications in 1944. Of the 44 notifications, 2 were Flexner type and the remainder Sonne.

Of the ten notifications of *cerebrospinal fever*, 6 were made by the local voluntary hospital, 4 of the patients having addresses outside the City. Two of the hospital notifications were subsequently corrected to pneumococcal meningitis (fatal) and influenzal meningitis respectively, so that there were actually 8 cases of cerebrospinal fever altogether with one fatality.

Measles was again prevalent during 1944 and reached epidemic proportions towards the end of the year. On the whole the type was mild.

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Under 1	Cases Notified.													Cases admitted to I. Hospital	Deaths.													Total		
		1	2	3	4	5	10	15	20	35	45	65 & over	Total	Under 1		1	2	3	4	5	10	15	20	35	45	65 & over					
Diphtheria, including Membranous Croup			3	1	7	29	10	7	8	4	1		70						2							2					
Scarlet fever	1		3	2	11	41	10	4	7	1			75																		
Enteric Fever					3				1		1	1	6																1		
*Dysentery	3	1	4	4	1	10	7	6	5	1	1	1	44	20	1																
†Puerperal Pyrexia								22	6	3			31																		
*Pneumonia	1			2	1		1	1	8	8	11	9	41	1														1	1	3	
Erysipelas		1	1					4	2	10	5	23	1																		
Cerebro-Spinal Fever		1	2					1	1	1	4	10		9					1											2	
Poliomyelitis					1	1						2		1																	
*Whooping Cough	15	19	16	23	17	54	3		3	2		152		3															1		3
*Measles	10	34	49	30	54	262	34	5	7		1	486		9																	
Ophthalmia Neonatorum	3											3																			
Malaria								1	1			2																			

* Deaths from cases notified and not total number of deaths.

† 7 of these cases were admitted to the Local General Hospital from the County Area for diagnosis and notified by the Hospital authorities.

VACCINATION.

No primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917.

The latest statistics available are for the year 1943 and are as follows :—

Births registered	.....	.....	.....	1311
Vaccinated	.....	.....	.....	803
Insusceptible	.....	.....	.....	5
Statutory Declaration received	.....	.....	.....	362
Died unvaccinated	.....	.....	.....	54
Postponed	.....	.....	.....	6
Removed to other districts	.....	.....	.....	63
Removed to places unknown	.....	.....	.....	8
Unaccounted for	.....	.....	.....	10

It will be noted that 61.2 per cent. of the infants were vaccinated, which is 3.4 per cent. above that of the previous year.

The partially protected condition of the population may seem unsatisfactory, but experience shows that in the presence of an outbreak of smallpox the public readily accepts vaccination.

Cases of post-vaccinal encephalitis—*Nil*.

CANCER.

The following table shows deaths from cancer during the past ten years :—

Year.....	.....	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Deaths	.....	127	124	117	121	127	144	151	142	116	143

The next table shews deaths from cancer during the past year according to age periods and sex.

0-1		1-2		2-5		5-15		15-45		45-65		65 & over		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	2	11	19	27	45	39	66	77

The facilities for diagnosis and treatment were fully described in the Report for 1936. There has been no change. A comprehensive scheme for the diagnosis and treatment of cancer for Devon, Cornwall, Plymouth and Exeter is under consideration.

TUBERCULOSIS.

It is satisfactory to be able to record that the twelve beds for Exeter cases of pulmonary tuberculosis included in the extension of the Devon County Sanatorium, Hawkmoor, will be ready for use before the end of 1945. This addition to our institutional resources should provide ample accommodation and make it possible to arrange a better classification of cases. As a general rule, patients will be admitted to the Tuberculosis Unit at the Isolation Hospital in the first instance in order that the Clinical Tuberculosis Officer may be able to decide the form of treatment most suitable after a period of observation.

The total number of notifications received during the year is fewer by 23 than in the previous year, and there are fewer inward transfers. The number of deaths from all forms of tuberculosis is 54, and there is no significant variation in the proportion of pulmonary and non-pulmonary cases ending fatally. The number of cases removed from the register may be regarded as normal; whereas in 1943, as already reported, a special revision had to be undertaken, as the usual revision was not practicable in 1942. The following figures show at a glance the main facts of the tuberculosis statistics for the City during 1944 :—

Total cases on Register, 1st January	414
Pulmonary	262
Non-Pulmonary	152
Total notifications received after deduction of 8 duplicates, but including 53 received otherwise than by formal notification	180
Pulmonary	150
Non-Pulmonary	30
Deaths during the year	54
Pulmonary	47
Non-Pulmonary	7
Outward transfers	31
Pulmonary	24
Non-Pulmonary	7
No. of cases removed from Register as “ Recovered ” or “ Mistaken Diagnosis ”	26
Pulmonary	14
Non-Pulmonary	12

Taken off Register under "The Public Health (Tuberculosis) Regulations, 1930"				14
Pulmonary	.....	.....	.....	12
Non-Pulmonary	.....	.....	.....	2
Total cases on Register, 31st December				469
Pulmonary	.....	.....	.....	315
Non-Pulmonary	.....	.....	.....	154

The following table shows notifications and deaths during the year, arranged according to ages. Tuberculosis Death Rate, 0.78 (Pulmonary 0.68, Non-Pulmonary 0.1).

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	1
1	—	—	—	—	—	—	—	—
5	1	1	1	2	—	—	—	—
10	1	—	—	1	—	—	—	—
15	12	3	2	—	—	4	—	—
20	10	6	1	4	—	6	—	—
25	14	19	3	6	6	7	1	1
35	6	6	—	2	2	8	—	1
45	11	2	—	—	7	1	—	1
55	6	5	—	1	2	1	—	1
65 and upwards	—	1	—	—	1	2	1	—
Totals	61	43	7	16	18	29	2	5
127				54				

Five cases were notified after death. These were 2 pulmonary and 3 non-pulmonary. In addition, there was 1 pulmonary case in which the diagnosis was made shortly before death.

Attention is called to the work of the Tuberculosis Dispensary and to the large number of persons referred there for opinion, as well as to the greatly increased number of X-ray examinations. This work is valuable in so far as it helps to discover patients suffering from tuberculosis in an early and more easily curable stage. The Acting Clinical Tuberculosis Officer, Dr. B. T. Jones, has carried on the Department with great energy and enthusiasm.

Maintenance Allowances—Memorandum 266T. This scheme, which came into operation in Exeter on 1st October, 1943, has now had a full year's trial. The scheme is welcome as a practical and reasonable contribution to the social problems connected with the treatment of pulmonary tuberculosis. The scheme provides for maintenance allowances for the families of patients suffering from pulmonary tuberculosis who undergo approved treatment; also, in certain circumstances, for financial help called "discretionary allowances" and "special payments." The scheme is intended to ensure that financial considerations do not stand in the way of curable cases of pulmonary tuberculosis getting the treatment they need. The scheme does not pretend to be one for the general assistance of all varieties and stages of the disease. No doubt, further developments will follow this experiment in due course. Hitherto, the arrangements have worked smoothly and have been of real benefit to those for whom they were intended.

During the year 47 maintenance allowances were granted under the above Memorandum, the average grant made at the time of application being 32s. 8d. per week for applicants with dependants, and 14s. 10d. per week for those without dependants. These grants are, of course, subject to alteration from time to time, to allow for any reduction in National Health Insurance benefits, admission to sanatoria, etc., etc. Four special payments were also granted, all of 5s. per week. No discretionary allowances were made.

The total expenditure for the year was £2,810 10s. 3d., all of which will be reimbursed by the Ministry.

INSTITUTIONAL TREATMENT.

Tuberculosis Unit, Exeter Isolation Hospital.

Remaining under treatment on 1st January 1944			Admitted during the year			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1944.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
20	15	35	43	29	72	39	23	62	7	6	13	17	15	32

Honeylands Children's Sanatorium, Whipton.

Remaining under treatment 1/1/44.			Admitted during the Year.			Discharged during the Year.			Remaining under treatment 31/12/44.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
9	10	19	8	7	15	8	8	16	9	9	18

Other Institutions.

Institution.	Condition for which treated.	Remaining under treatment on 1-1-44.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-44.		
		M	F	Total	M	F	Total	M	F	Total	M	F	T	M	F	Total
Miss Elizabeth Droop, Paediatric Hospital, Exeter	Spine	1	1	2	1	1	2	1	1	2				1	1	2
	Hip	2		2	8	2	10	8	2	10				2		2
	Leg	1	1	2	3		3	4	1	5						
	Arm and Leg		1	1					1	1						
Devon and Exeter Hospital	Neck Glands				2	5	7	2	5	7						
	Abdomen				2	2			2	2						
	Spine				1		1							1		1
	Genito-urinary					2	2		2	2						
Wymoor Sanatorium, Ley Tracey	Lungs					3	3		2	2					1	1
Wymoor Sanatorium, Essex	"					1	1								1	1
Wymoor Sanatorium, Essex	"					3	3		3	3						
Wymoor Sanatorium, London	"					1	1		1	1						
Total		4	3	7	17	17	34	18	17	35				3	3	6

The 33 admissions of non-pulmonary cases in this table refer to 25 patients, some of whom were admitted more than once.

TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer :—

	PULMONARY.				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Number of definite cases of Tuberculosis on Dispensary Register at the beginning of the Year	112	79	18	18	37	42	35	24	149	121	53	42	366
Number of new cases diagnosed as Tuberculous during the Year	52	36	2	2	2	10	1	3	54	46	3	5	109
Inward Transfers	22	18	1	1	1	2	—	1	23	20	1	2	44
Cases returned	7	6	1	1	—	—	—	—	7	6	1	1	15
Number of cases written off the Dispensary Register as :—													
(1) Recovered	5	2	3	2	3	3	4	2	8	5	7	4	26
(2) Dead (all causes)	16	20	—	2	—	2	—	—	16	22	—	2	38
(3) Removed to other areas	19	11	—	—	3	6	1	1	22	17	1	1	41
(4) For other reasons	4	2	2	1	2	6	3	1	6	8	5	2	21
Number of Persons on Dispensary Register on December 31st :—													
Definitely Tuberculous	149	104	17	17	32	37	28	24	181	141	45	41	409

In addition to the notified cases shewn above, a further 265 new cases (226 adults and 39 children) were referred to the Tuberculosis Officer for examination during the year. Of these 225 (196 adults and 29 children) were diagnosed as not suffering from tuberculosis and removed from the Dispensary List, the remaining 40 being kept under observation at the Dispensary pending definite diagnosis. 59 new contacts were examined and 310 attendances were made by other contacts already known to the Department.

In all, 2,281 attendances were made by patients at the Dispensary during 1944, 265 home visits were made by the Tuberculosis Officer, and 721 by the Tuberculosis Dispensary Nurse.

BACTERIOLOGICAL EXAMINATIONS.

During the year 427 specimens of sputa were examined at the Dispensary. Other examinations are carried out in the Pathological Department of the Royal Devon and Exeter Hospital.

X-RAY EXAMINATIONS.

During the year 886 X-ray examinations were made (371 for screen only). Of this total, 54 examinations were made on behalf of the Ministry of Labour and National Service, and 28 examinations were made in accordance with the instructions contained in Ministry of Health's Circular 33/44, dated 21st March, 1944, referring to the medical examination of hospital staffs.

VENEREAL DISEASE.

With the approval of the Ministry of Health, the special clinic for these diseases is held at the Royal Devon and Exeter Hospital. The clinic deals with patients from the City and the County.

The hours of attendance are :—

Men	Mondays, 3—5 p.m., and Fridays, 6—8 p.m.
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Women	Fridays, 3—5 p.m., and, since 3rd July, 1944, Mondays, 6—7 p.m. in addition.
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Attendances are not limited to clinic hours, but patients attend at other times for interim treatment. These arrangements are intimated to all medical practitioners in the City.

There is also an arrangement with the authorities of St. Mary's Home (voluntary) for the treatment of unmarried mothers.

The incidence of venereal disease in Exeter is not high. The following table gives the figures for the past seven years of those attending for treatment for the diseases named for the *first* time. The figures for syphilis may be taken as representing fairly accurately the incidence of that disease locally. As a good many cases of gonorrhoea are undoubtedly treated privately, the figures are less reliable. Chancroid is unimportant in this country. The increasing number of persons seeking advice, presumably after exposure to the risk of infection, and found not to be suffering from venereal disease, may be regarded as an awakening of public opinion to the dangers involved. Equally satisfactory is the small number of patients who default before completing treatment and tests of cure.

Venereal Disease. Exeter.

Year	New cases of Syphilis.	New cases of Gonorrhoea.	New cases of Chancroid.	Examined and found not to be suffering from V.D.
1938	17	44	—	24
1939	13	52	—	58
1940	9	36	—	66
1941	16	31	—	78
1942	23	42	—	65
1943	11	23	1	99
1944	34	19	—	134

The total attendances of out-patients during the year amounted to 1,422, against 1,230 the previous year.

Examination of pathological material (1943 figures in brackets) :—

For spirochetes	.....	.....	8	(15)
For gonococci	.....	.....	688	(508)
Wasserman and Kahn reaction	.....	.....	817	(472)
Other tests	.....	.....	66	(57)

The following figures apply to the entire department and are not given separately for the City and County (1943 figures in brackets) :—

Number of cases who ceased to attend out-patient clinic :—

Before completing a course of treatment 24 (23)

Number of cases transferred to other treatment centres or to care of private practitioners 96 (186)

Number of patients discharged from out-patient clinic after completion of treatment and observation 305 (219)

Number of cases which ceased to attend after completion of treatment, but before final tests of cure — (14)

Number of cases who, on 31.12.44 were under treatment or observation 128 (126)

553 (568)

The total number of cases under treatment at the end of the year showed an increase of 2.

Mention should be made of the admirable national propaganda in newspapers, films and broadcasts of the Ministry of Health and Ministry of Information. There is no doubt that the public has been well informed about venereal disease in a straightforward and authoritative manner.

Defence Regulation 33B.

In no case were two forms I received in respect of a contact. Altogether 12 single forms I received were in respect of alleged contacts. It was possible to take informal action in 6. The particulars in the remaining forms were too vague to permit of enquiries being made.

Informal action outside the scope of the regulations resulted in 3 contacts being traced, 2 of which submitted to examination.

INFANT LIFE PROTECTION.

On the 31st December, 1944, there were 60 foster children in the City, and the number of registered foster mothers was 50.

The Health Visitors paid 275 visits to foster mothers during the year. The figures for the previous year were 53, 45 and 289 respectively. Necessary action was taken whenever conditions were found to be unsatisfactory, and everything possible was done to encourage foster mothers to attend the child welfare centres regularly with their children when these were of appropriate age.

MATERNITY AND CHILD WELFARE.

The arrangements for Child Welfare Centres—Ante- and Post-Natal Clinics and associated activities—have remained the same as in 1943 and have proved fairly adequate.

There is again an increase in the number of children on the books of each Welfare Centre as well as in the average number attending. This is especially marked in the Northern District. For some time past this District has required clinic premises more conveniently situated than those shared with the Central District in Bull Meadow Road. The number of children on the books in the Northern District has risen from 263 in 1943 to 354 in 1944, with a corresponding increase in attendances. Housing developments in this area will make new premises a necessity.

As expectant mothers are usually dealt with at the Ante-Natal Clinics nowadays, there is no useful purpose served by continuing to give statistics of their attendances at the Child Welfare Centres. The figures have, therefore, been omitted from the first table.

The staff of Health Visitors who also act as School Nurses remains the same as last year, viz., a senior, six permanent officers and two temporary ones.

There can be no question that we shall require a staff of this size after the war. Not only has the work of the Maternity and Child Welfare Department increased, but there are the Immunisation Clinics for the Prevention of Diphtheria, greatly increased public interest in Child Life Protection, Illegitimate Children and Foster-children, as well as the growing duties of the School Medical Department under the Education Act, 1944. Health Visitors give approximately one-third of their time to the work of the Public Health Department including the investigation of cases of infectious disease, one-third to Maternity and Child Welfare duties, and one-third to the work of the School Medical Department.

I.—CHILD WELFARE CENTRES.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.
Central District	143	55.3
Western District	313	75.3
Northern District	354	78.5
Eastern District	305	65.04

Altogether 1,593 children under school age attended the Centres, making 13,811 attendances. The attendances of the various age groups were as follows :—

	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	Total.
Central	1544	546	440	182	97	2809
Western	2706	531	286	159	119	3801
Northern	2556	700	301	183	167	3907
Eastern	2295	376	275	207	141	3294
Total	9101	2153	1302	731	524	13811

II.—MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRE

No. of sessions held	.....	104
No. of mothers attending	.....	397
Total attendances	.....	1103

Of new cases :—

Ante-Natal	.....	310
For diagnosis	.....	1
Post-Natal	.....	16

Referred by :—

Doctors at Welfare Centres	.....	10
Health Visitors	.....	—
Midwives	.....	2
Private practitioners	.....	2

Miscellaneous (<i>e.g.</i> , by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	313
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Referred for treatment :—

Dental treatment	58
Royal Devon and Exeter Hospital	21
Birth Control Clinic	.....	—
Eye Infirmary	.....	1
Dispensary	.....	—
V.D. Clinic	.....	31

III.—MIDWIVES ACT, 1936.

Summary of work carried out by the Exeter Maternity and District Nursing Association on behalf of the City Council during the year.

	Total.
No. of cases attended as midwives	233
No. of visits as midwives	4482
No. of cases attended as Maternity Nurses	128
No. of visits to cases as Maternity Nurses	2535
Total number of cases seen at the Clinics	389
Attendances at the Clinics	1742
Examined by Doctor	349
Visits to patients' homes	1188
Total number of cases seen at the Post-Natal Clinics	15
Total number of attendances	25
Examined by Doctor	16
Total number of Medical Aid Forms, for Mother or Baby	85
Total number of Medical Aid Forms, for Mother or Baby, ante-natal	21
Total number of cases referred to Hospital	32
Total number of cases referred to Hospital, ante-natal	Nil.
No. of cases dealt with under lying-in-charity	15

During the year 404 mothers attended the Association's Ante-Natal and Post-Natal Clinics, making 1,767 attendances. Of this total, 365 attendances were to see the Association's medical officers, and 1,402 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee. During the year, 1,190 nursing visits were made at the instance of various medical officers employed by the Council.

IV. PROVISION OF MILK AND FOODSTUFFS.

The Government National Milk Scheme came into being on 1st August, 1940, and thereafter the Council ceased to distribute liquid milk. The Council has continued to supply dried milks modified for infant feeding under its previous arrangements and on medical certificate up to 26th February, 1943.

The Ministry's scheme for the distribution of fruit juices and vitamin-containing preparations came into being on 8th December, 1941.

The Council has continued to supply certain medicinal foods and special preparations. These are available at cost price, or free on the basis of the National Milk Scheme scale.

V.—BIRTHS.

1,305 notifications of live births were received during the year ; 99.1 per cent. of the notifications were made by midwives, and 0.9 per cent. by medical practitioners or relatives.

In 324 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 50 other notifications in connection with still births, artificial feeding, etc., were received.

The conditions for which the midwives summoned medical aid were as follows :—

Premature labour	.....	.....	.....	6
Ruptured perineum	.....	.....	.....	110
Prolonged labour	.....	.....	.....	36
Abnormal presentation	.....	.....	.....	19
Ante-partum haemorrhage	.....	.....	.....	10
Post-partum haemorrhage	.....	.....	.....	8
Adherent placenta	.....	.....	.....	9
Stillbirth	.....	.....	.....	1
Albuminuria	.....	.....	.....	7
Miscarriage	.....	.....	.....	13
Rise of temperature	.....	.....	.....	21
Unsatisfactory condition of mother	42
Unsatisfactory condition of baby	41
Patient's wish	1

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VI.—STILLBIRTHS.

The number of stillbirths during the year was 36, including 1 inward transfer. Of the 35 stillbirths 20 were attended by doctors and 15 by midwives.

These may be classified as follows :—

	Macerated, <i>i.e.</i> , died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	1	18
Malformation of Infant	—	1
Toxaemia of pregnancy and albuminuria	—	1
Ante-Partum Haemorrhage	—	2
Ill-health of, or accident to mother	2	4
No cause assigned	4	2
Totals	7	28

VII.—HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year, the health visitors paid 1,001 first visits and 5,266 subsequent visits to children under the age of 12 months and 6,926 visits to children between the ages of 12 months and 5 years.

VIII.—MATERNITY HOME AND SERVICES.

At Mowbray House, Heavitree, 18 beds, together with 2 observation beds are provided. The part-time medical officer, in charge of the clinical work is Dr. Bertha Hinde. Doctors' cases are, of course, attended by their own medical practitioner. The Home is primarily intended for those mothers who cannot conveniently remain at home during childbirth or afford to go to a private maternity home. Complicated and difficult cases are admitted by arrangement to the maternity unit of the Royal Devon and Exeter Hospital.

Admissions were as follows :—

Patients admitted to Mowbray House	.....	343
Patients admitted to Royal Devon and Exeter Hospital	.....	195
Other Institutions	.....	Nil.
		—
Total	.....	538
		—

Three cases of pemphigus neonatorum occurred in the Home during the year. All were removed to the Isolation Hospital for treatment.

IX.—BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred by the Local Authority and granted financial assistance.

Since 1930 a total of 183 cases have been referred. Of these, 10 failed to attend, 11 have left the City, 6 have died, 33 are known to have become pregnant, and 34 have been taken off the books for non-attendance. This statement does not include others who decline to make use of the Clinic's Services.

X.—DENTAL TREATMENT.

Arrangements have been made, with the approval of the Ministry and with the consent of the Education Committee, for the dental treatment of expectant and nursing mothers by the School Dental Surgeons.

Summary of the work done during the year 1944 :—

No. of patients seen	.....	.....	.....	95
No. of visits paid by patients	.....	.....	.....	357
No. of administrations of gas	.....	.....	.....	52
No. of teeth extracted under gas	.....	.....	.....	270
No. of teeth extracted otherwise	.....	.....	.....	6
No. of dentures fitted	.....	.....	.....	59
No. of teeth replaced	.....	.....	.....	504
Other operations	.....	.....	.....	23

Necessary dental work on the recommendation of the Welfare Medical Officers is also undertaken for the “under fives.”

Summary of the work done during the year 1944 :—

No. of visits	.....	.....	.....	106
No. of fillings	.....	.....	.....	24
No. of general anaesthetics	.....	.....	.....	37
No. of extractions	.....	.....	.....	89
Other operations	.....	.....	.....	—

XI.—ORTHOPAEDIC TREATMENT.

During the year 61 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities	.....	.....	.....	10
Injuries at birth	.....	.....	.....	1
Rickets and sequelae	.....	.....	.....	36
Polio-myelitis	.....	.....	.....	2
Miscellaneous	.....	.....	.....	12

XII.—OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unimpaired	Vision im- paired	Total Blind- ness	Re- moved from dis- trict	Deaths	Total
	Noti- fied	Treated.							
		At Home	Hos- pital						
1935	7	4	3	6	—	—	1	—	7
1936	7	6	1	7	—	—	—	—	7
1937	1	1	—	1	—	—	—	—	1
1938	3	—	3	3	—	—	—	—	3
1939	1	1	—	1	—	—	—	—	1
1940	4	2	2	4	—	—	—	—	4
1941	4	1	3	4	—	—	—	—	4
1942	7	3	4	7	—	—	—	—	7
1943	3	2	1	3	—	—	—	—	3
1944	3	1	2	2	—	—	1	—	3

It is many years since a case of this disease resulted in injury to vision. There are special facilities for treatment at the West of England Eye Infirmary and there is good co-ordination between this Institution and the V.D. Clinic at the Royal Devon and Exeter Hospital.

Most of the cases reported by midwives under the Board's rules are examples of conjunctivitis due to other causes.

XIII.—WAR-TIME NURSERIES.

The Maternity and Child Welfare Committee is responsible for three war-time nurseries. Two of these are whole-time nurseries, that is to say, they take children from twelve months old until five, and are open on six days a week from 7 a.m. to 7 p.m. The other is a part-time nursery, admitting children from two to five years old. It is open on five days a week from 9 a.m. to 5 p.m.

The two whole-time nurseries are at Burnt House Lane (opened 28th September 1942) and Buddle Lane (opened 26th October 1942). Both are housed in specially constructed buildings. The part-time nursery is the "Dorothy Nursery" housed in Paul Street School. It had its origin in a nursery for evacuee children in connection with the Centre for Mothers which was then at the Civic Hall. When this arrangement was no longer required it became a part-time war-time nursery. The Committee has been responsible for it from 23rd June, 1941. Each nursery provides 40 places.

These nurseries are intended for the care of children whose mothers are working. The approved cost is defrayed by the

Ministry of Health, the Local Authority acting as agent. The whole-time nurseries provide care, education, and all meals and milk for 1/- a day. Part-time nurseries provide care, education, dinner, with morning and afternoon milk for 6d. a day. The catering is carried out by arrangement with the Education Committee. It has also been agreed that the children may make use of the Education Committee's dental and minor ailment clinics.

A Matron, who is a State registered nurse, is in charge of each whole-time nursery, and there is a qualified teacher for the older children. A certificated nursery nurse is in charge of the part-time nursery.

These nurseries have continued to give valuable help to working mothers. They are also affording experience upon which future planning may be built.

XIV.—CARE OF PREMATURE INFANTS.

The Maternity and Child Welfare Committee has had under consideration Circular 20/44, dated 22nd March, 1944. Steps have been taken to obtain the birth weight of infants on the notification of birth forms, thus enabling Health Visitors to pay special attention to underweight babies.

Additional cots and other apparatus have been provided to the Exeter Maternity and District Nursing Association (responsible for the domiciliary midwifery service under the Midwives Act, 1936) for loan in suitable cases. The police ambulance is equipped with an electrically heated blanket.

It has not been possible to arrange any special hospital accommodation other than that provided by the Maternity Unit of the Royal Devon and Exeter Hospital; and there is no consulting paediatrician available within a reasonable distance.

XV.—CARE OF ILLEGITIMATE CHILDREN.

The Maternity and Child Welfare Committee has further considered Circular 2866, dated 1st October, 1943. The majority of illegitimate children are cared for by their relatives and come within the ordinary machinery of the Department. There are a few, however, where various social problems arise which can best be met by the existing voluntary and Service associations dealing with these matters. The real need, as the circular suggests, is for some one officer to co-ordinate existing services and to be in close touch with the Health Visitors and the Maternity Department. It has been agreed that the Welfare Officer appointed under the arrangements for Evacuation Welfare Service shall assume these duties.

Accordingly, the Welfare Officer is informed of all such cases and is in close touch with the Senior Health Visitor, the Matron of the Municipal Maternity Home, the clerk in charge of the Department, and the various voluntary bodies.

It should be remembered, however, that the office of Welfare Officer is a war-time appointment and that the need for someone working in this capacity will continue when the war is over.

Every effort is made to persuade mothers to bring their children regularly to the Child Welfare Centres, and attendance at the Centres is a condition of registration of foster-mothers.

XVI.—SUPPLY OF SHEETS FOR EXPECTANT MOTHERS.

Circular 154/44, dated 3rd November, 1944. This scheme, whereby expectant mothers can obtain priority dockets up to a maximum of three sheets in certain circumstances, is in operation.

XVII.—SHORTAGE OF RUBBER TEATS FOR FEEDING BOTTLES.

Under the instructions of the Ministry this has been partly met by the release of teats from Civil Defence Rest Centre Stores free of charge.

EXETER ISOLATION HOSPITAL.

Accommodation and ambulance arrangements remain the same.

In addition to the City, the hospital serves the following local authorities by contracts with the City Council :—

St. Thomas Rural District Council.

Dawlish U.D.C.

Exmouth U.D.C.

Budleigh Salterton U.D.C.

Ottery St. Mary U.D.C.

Sidmouth U.D.C.

Seaton U.D.C.

Axminster U.D.C. and R.D.C.

Honiton T.C. and R.D.C.

Crediton U.D.C. and R.D.C.

Okehampton T.C. and R.D.C.

and for the purpose of Circular 2153 (Typhus Fever), Tiverton U.D.C. and Tiverton R.D.C.

At the beginning of the year 42 fever patients remained under treatment, 9 of these being from the County. During the year 498 patients were admitted, 228 from the County and 270 from the City. At the end of the year 37 patients remained under treatment—9 from the County and 28 from the City.

The number of admissions was 94 more than in 1943, and 45 more than in 1942, mainly on account of patients admitted from the Forces.

The work of the Tuberculosis Unit at the Hospital is recorded in a separate section of this Report.

Disease.	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing at end of year.
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever	8	149	128	16	—	13
Diphtheria	19	112	96	16	3	16
Vincent's Angina	—	1	1	—	—	—
Tonsilitis	—	4	4	—	—	—
Enteric Fever	—	12	8	3	1	—
Dysentery	5	58	36	24	—	3
Mumps	—	33	31	2	—	—
Erysipelas	1	5	6	—	—	—
Measles	—	15	11	2	—	2
Pemphigus Neona- torum	1	8	7	2	—	—
Cerebro-spinal Fever	1	23	7	16	1	—
Whooping Cough	—	3	1	—	2	—
Chicken Pox	4	19	20	—	—	3
Rubella	—	47	42	5	—	—
Poliomyelitis	—	6	5	—	1	—
Miscellaneous	3	3	4	—	2	—
Totals	42	498	407	86	10	37

NOTES.

Scarlet Fever. 3 cases were complicated by another disease, namely, 1 measles, 1 chicken pox and 1 gonorrhoea. There was 1 example of "surgical scarlet fever" which was complicated by measles. In 16 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—6 rubella, 3 urticaria, 2 tonsilitis, 2 measles, 1 chicken pox, 1 drug rash and 1 pneumonia.

Diphtheria. 8 were temporary throat carriers. Of the 3 deaths, 2 were due to faucial diphtheria and had not been immunised, and the remaining death was due to parapharyngeal abscess of pneumococcal origin, confirmed by post-mortem examination. In 16 other cases the diagnosis was not confirmed. These were diagnosed as 11 tonsilitis (one with glycosuria), 3 laryngitis, 1 quinsy and 1 bronchial catarrh. Of the cases proved to be diphtheria 4 were males over sixteen years of age and none had been immunised; 12 were males under sixteen years of age (including 3 carriers) and of these 21 were said to have been immunised. There were 25 females over the age of 16 years, only one of whom had been immunised, and there were 37 females under sixteen years of age (including 4 carriers) and of these 25 were reported to have been immunised.

Enteric Fever. 2 were typhoid fever, and of these 1 died. The fatal case was Type C and the other Type 91. 7 were cases of paratyphoid B.

In 3 cases the diagnosis was not confirmed. These were diagnosed as 2 non-specific enteritis and 1 cerebral malaria (sub-tertian).

Dysentery. 20 were examples of Sonne dysentery, 2 being complicated by whooping cough; 16 were examples of Flexner dysentery and 24 were due to non-specific enteritis. These are shown in the table as "not confirmed." As most of these cases were associated with an outbreak of Flexner dysentery at a Camp, it is probable that they were caused by that organism, although bacteriological proof was lacking.

Mumps. In 2 cases the diagnosis was not confirmed. These were diagnosed as 1 chicken pox with tuberculous cervical adenitis, and 1 chicken pox. 1 case was complicated by chicken pox.

Measles. 1 case was complicated by rickets and bronchitis. In 2 cases the diagnosis was not confirmed, being cases of rubella.

Cerebro-spinal Fever. There was one positive (throat swab) contact sent in by Military—no disease developed.

In 15 other cases the diagnosis was not confirmed. These were diagnosed as 1 influenza, 2 common cold, 1 paratyphoid B, 1 transferred to General Hospital for investigation (? neurosis), 1 broncho-pneumonia, 1 "no appreciable disease," 1 sinusitis, 1 chill, 1 infantile convulsions, 1 bronchitis, 1 acute lymphocytic meningitis, 1 poliomyelitis, 1 pneumonia, and 1 transferred to General Hospital and diagnosed as aplastic anaemia (fatal).

Rubella. 2 contact cases (evacuees on arrival at Exeter) did not develop the disease.

In 3 cases the diagnosis was not confirmed. These were diagnosed as 1 seborrhoeic dermatitis, 1 chicken pox and 1 scarlet fever.

Poliomyelitis. 1 case sent in as poliomyelitis proved to be tuberculous meningitis and was fatal.

Miscellaneous. Included in this group: 3 scabies (all diphtheria contacts), 1 pneumonia complicated by chicken pox, 2 enteritis, being examples of infantile D. and V., both fatal.

SMALLPOX HOSPITAL.

By agreement with the County Council, it has been arranged that any smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.

